

## RECEIVED

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

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## MAINE ETHICS COMMISSION

## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

**LEGISLATOR INFORMATION** 

Mailing address  House District  Phone  357 A57-3869  PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER  List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.  Address  Principal Type of Economic Activity of Employer  Address  PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT  (For Legislators who are self-employed.)  A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.  Name and Address of Business Entity  Name  Address  Name  Major Areas of Economic Activity  (seit).  Major Areas of Economic Activity  (partnership, association or similar business entity)	<u> </u>		
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City, zip code  Freegre ME 0432  Phone 377-85-3869  PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER  List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.  Name of Employer  Address  PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)  A. List the name and address of your business, if any, and is the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.  Name and Address of Business Entity  Major Areas of Economic Activity (self)  Major Areas of Economic Activity (partnership, association or similar business entity)  Major Areas of Economic Activity (partnership, association or similar business entity)  Name:		rds.	☐ House ☐ Senate
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Name of Employer  Name of Employer  Address  Principal Type of Economic Activity of Employer  Address  Part 2. Income Derived From Self-Employment  (For Legislators who are self-employed.)  A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.  Name and Address of Business Entity  Major Areas of Economic Activity (self)  Major Areas of Economic Activity (partnership, association or similar business entity)  Major Areas of Economic Activity (partnership, association or similar business entity)	PART 1. INCOME	DERIVED FROM EMPLOYMENT BY AN	IOTHER
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Name and Address of Business Entity  Major Areas of Economic Activity (self)  (partnership, association or similar business entity)  Name:  Name:	<ul> <li>A. List the name and address of your busing derived income. If associated with a partners</li> </ul>	ness, if any, and list the major areas of	economic activity from which you nilar business entity, list the major
Address: Name:	Name and Address of Business Entity		Activity (partnership, association or similar
Name:	Name:	e manus madelinam in 27 f. 202 a. en que d'un en contra de la companya de la companya de la companya de la comp	
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PART 2 (continued). INCOME DERIVED FF (For Legislators who are self-er		YMENT
B. List each source of income derived from self-employment that represents r is greater, and specify the principal type of economic activity of the entity or predisclosure is prohibited by law, rule, or an established code of professional et the entity or person from whom the income was derived.	erson from whom you	derived such income. If this form of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income	
Name:		
Name:	TITA MATANIAN MATANIAN MATANIAN ARTA MATANIAN MATANIAN MATANIAN MATANIAN MATANIAN MATANIAN MATANIAN MATANIAN M	
Address:		
PART 3. MAJOR AREAS OF (For Legislators who are attorneys		
List your major areas of practice. If associated with a law firm, list the major a		
Name and Address of Firm	Major Areas of Pra (self)	ctice Major Areas of Practice (firm)
Name:		
Address:		
Name:	•	
Address:		
PART 4. OTHER SOURCES  List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	And the state of the set of the s	e gifts. If none check the box
		gires. It from, order the box.
Name and Address of Source	1	Kind of Income (investments, leases, etc.)
Name:		
Address:		
Name:	4	
Address:		har, and a
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that ye areas of economic activity of each creditor. Do not list loans from a relative.	ou received during the	
None		Norman (and depth Anna Company
Name and Address of Creditor	and the second s	Principal Type of Economic Activity of Creditor
Name:		
Address:	aristina e il silicolo di socio di soci	e. Nakati melamba samanati mada terdi sahi haman mengan saman mengan menganyan saman saman saman saman sama saman
Name:		•
Address:	:	
PART 6. REPORTABLE		
List the specific source of each gift of more than \$300. Include gifts with an aq none, check the box	ggregate value of more	than \$300 from a single source. If
None	Secretaria de la composición de la comp	
Name of Source of Gift  1. 3.	Name of S	Source of Gift
2. 4.		

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⊸☐ Noñe	The Prince of the Section Community of the Sec		your offici	ar dudes. If Hore, Creck	THE DOX.
Name of Source of Honoraria	No describe the proposed and all an arrange to the control of the		Nar	ne of Source of Honoraria	
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Name of Agency		1 2		Name of Agency	Same of the second of the seco
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2.	4.	TANGER AL			
PART 9. BI	JSINESS WITH S	ATE,	ÂGENCIE	S	
List each executive branch agency to which you or a n \$1,000 during the reporting period. If none, check the	nember of your imme	diate f	amily sold	goods or services with a	value in excess of
None	Management of the State of the		······································		
Name of Agency	we filed. Calmin American property of miles and a second s			Name of Agency	
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2.	4.	•		A CONTRACTOR OF THE ACCUSAGE AND ACCUSAGE ACCUSA	The state of the s
PART 10. INCOME REC	ENED DV MEND	- <b>D</b> O 6			
List the type of economic activity representing each so (ren) during the reporting period and the kind of income "D" for income received by dependents.	nurce of income of \$	1.000	or more re	polyod by your organs	r dependent child ived by spouse or
Type of Economic Activity Representing Source of Ir	12 13 13	appro	rcle opriate tter	Kind of Inco	ine,
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Legislator who willfully fails to file a required state 1 M.R.S.A. § 1017-A)	ement is subject to	a fine	of \$10 p	er business day until th	ne report is filed.
he intentional filing of a false statement is a Class illfully filed a false statement, it shall refer its findings	E crime. If the Cor	nmissi nev Ge	on conclu neral	des that it appears that	a Legislator has
the Commission determines that a Legislator has wine Legislator shall be presumed to have a conflict uestion in committee or in either branch of the Legislator N.R.SA. § 1019)	illfully failed to file a	require	ed statem	shall be precluded from	na rationa
Land Hand			_	11/10	

Signature

2/6/01 Date

ADDITIONAL INFORMATION  Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number information you are providing.  Part/Section	for the
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